

FEC FORM 3

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED FEC MAIL CENTER

anoffice Juse only AH 8: 20

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Rex F RAMA	MEILIL FLOICE	Mysming		
ADDRESS (number and street) Check if different than previously reported. (ACC)		LINDHING WART		718 = ZIP CODE ▲
2. FEC IDENTIFICATION		IS和IS NEW REPORT (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (a) Quarterly Reports: April 15 Quarter July 15 Quarter October 15 Qua	ly Report (Q1)	Primary (12P) Convention (12C) Election on	General (12G) Special (12S)	Runoff (12R) in the State of W.Y
January:31 Year	r-End Report (YE) (c)	30-Day POST-Election Report for General (30G)	r the:	Special (30S)

certify	that I	have	ex am ined	this	Report	and	to	the	best	of	my	knowledge	and	belief	it is	true,	correct	and	complete.
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Election on

Type or Print Name of Treasurer 4ammell

Signature of Treasurer

Termination Report (TER)

Covering Period

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

through

Office Use **Only**

FEC FORM 3 (Revised 02/2003)

in the

State of

FEGAN023

20-16 - 08 - 2M - 0M - 000960M2

	FEC Form 3 (Revised 02/2003)	of Receipts and Disbursements	Page 2
	e or Type Committee Name Bex F. Rammel] f	or Wyoming	
Repo	ort Covering the Period: From:	7 0.1 a 0.16 To:	0. \$ / 30 / 30 lb
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
i. N	et Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	5,710.00	(7)
(b) Total Contribution Refunds (from Line 20(d))		
(c	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5,710.00	(1)
. N	et Operating Expenditures		
(a	Total Operating Expenditures (from Line 17)	2917.00	(9)
(t	o) Total Offsets to Operating Expenditures (from Line 14)		(7)
(0) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2917.00	(3)
	ash on Hand at Close of eporting Period (from Line 27)	3,873.30	
th	rebts and Obligations Owed TO ne Committee (Itemize all on chedule C and/or Schedule D)		
th	ebts and Obligations Owed BY ne Committee (Itemize all on chedule C and/or Schedule D)		

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

2016:08:2M:0M:000960MM

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3 (Revised 12/2003)

		_				
Write	or	Type	Committee	Nar	ne	

	Rammell	for	Wym	un'a
			0	

Report Covering the Period:

From:



To:



I. RECEIPTS	•
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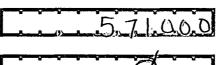
COLUMN A
Total This Period

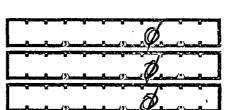
COLUMN B Election Cycle-to-Date

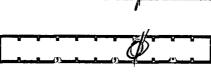
- 11. CONTRIBUTIONS (other than loans) FROM:
 - (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A)......
 - (ii) Unitemized
 - (iii) TOTAL of contributions from individuals
 - (b) Political Party Committees.....
 - (c) Other Political Committees (such as PACs).....
 - (d) The Candidate
 - (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))...
- 12. TRANSFERS FROM OTHER
 AUTHORIZED COMMITTEES
- 13. LOANS:
 - (a) Made or Guaranteed by the Candidate.....
 - (b) All Other Loans.....
 - (c) TOTAL LOANS (add Lines 13(a) and (b))......
- 14. OFFSETS TO OPERATING
 EXPENDITURES
 (Refunds, Rebates, etc.).....
- 15. OTHER RECEIPTS
 (Dividends, Interest, etc.).....
- TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)
 (Carry Total to Line 24, page 4)......

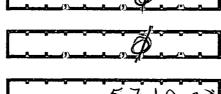
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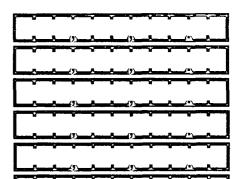
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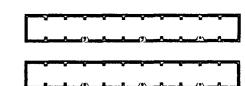




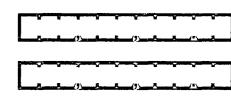












20-6-00-2M-0M-000960MT

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

Page **4**

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date				
17.	OPERATING EXPENDITURES	291700					
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES		7 - 2 - 7 - 2 - 7 - 2				
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate		Z (7)				
	(b) Of All Other Loans						
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees						
	(b) Political Party Committees						
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		(7)				
21.	OTHER DISBURSEMENTS						
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	2,91.7.0.0	P				
	III. CASH SUI	MMARY					
23.	CASH ON HAND AT BEGINNING OF REPOR	TING PERIOD	,,,,,,,,880,.3,0				
24	TOTAL RECEIPTS THIS PERIOD (from Line 10	6, page 3)	5,7.10.d0				
25.	SUBTOTAL (add Line 23 and Line 24)		4,590.30				
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	n Line 22)	2,9.1.700				
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	3,673,30					

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SCHEDULE A (FEC Form 3)

PAGE 5 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) 11a 11d 11b 11c

for each category of the **ITEMIZED RECEIPTS** Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) α Date of Receipt Mailing Address City Zip Code 77459 FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address State FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3) Use for ITEMIZED RECEIPTS Deta Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

NAME OF COMMITTEE (In Full)

FEC ID number of contributing federal political committee.

Other (specify) ▼

FEC ID number of contributing federal political committee.

Other (specify) ▼

FEC ID number of contributing federal political committee.

Other (specify)

Full Name (Last, First, Middle Initial)

Full Name (Last, First, Middle Initial)

General

General

General

Mailing Address

Name of Employer

Primary

James Mailing Address

Name of Employer

Receipt For:

Primary

Mailing Address

Name of Employer

Primary

Receipt For:

City

Receipt For:

Full Name (Last, First, Middle Initial)

	FOR LINE NUMBER: PAGE (OF /) (check only one) 11a 11b 11c 11d 12 13a 13b 14 15
tements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
U/MIN/OL	
State Zip Code	Date of Receipt
Occupation Election Cycle-to-Date	Amount of Each Receipt this Period 25000 Memo Item
250,00	Date of Receipt
State Zip Code TV 77459	0.7 (1.7) (2016)
Occupation	Amount of Each Receipt this Period Memo Item 20000
Election Cycle-to-Date	
	Date of Receipt
State Zip Code Wy 831 8 CI Occupation Election Cycle-to-Date	Amount of Each Receipt this Period 25000 Memo Item
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SCHEDULE C (FEC Form 3)

Use separate schedule(s) FOR LINE NUMBER:

OF/D PAGE 7

.OANS	for each category of the Detailed Summary Page (check only one) 13a
NAME OF COMMITTEE (In Full)	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Memo Item Election: Primary
Mailing Address	General Other (specify) ▼
City State ZI	² Code
Original Amount of Loan Cumulative Payme	nt To Date Balance Outstanding at Close of This Period
TERMS Date Incurred Date	Due Source State Source
M M / D D / Y Y Y Y Y M M / D D /	Due Interest Rate Secured: Y Y Y Y (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	I Divini of Employee
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	·······
Carry outstanding balance only to LINE 3, Schedule D, for this lir	e. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER		
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)		
Full Name				
		 %		
Mailing Address	Date Incurred or Established	M - M / O - O / Y - Y - Y - Y		
City State Zip Code	Date Due			
A. Has loan been restructured? No Yes	If yes, date originally incurred	M - M / D - D / Y - Y - Y - Y		
B. If line of credit,	Total			
Amount of this Draw:	Outstanding Balance:			
C. Are other parties secondarily liable for the debt incur				
No Yes (Endorsers and guarantors m	ust be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	of deposit, chattel papers,	What is the value of this collateral?		
No Yes If yes, specify:				
		Does the lender have a perfected security		
		nterest in it? No Yes		
E. Are any future contributions or future receipts of inte collateral for the loan? No Yes If yes,	rest income, pleaged as specify:	What is the estimated value?		
, , , , , ,				
	-			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
Date account established:	Address:			
M M / D D / Y Y Y Y	City, State, Zip:			
E 16 without of the American of collections and all controls of the American o				
F. If neither of the types of collateral described above vexceed the loan amount, state the basis upon which				
G. COMMITTEE TREASURER		DATE		
Typed Name		MAM / DED / YAYBYBY		
Signature				
H. Attach a signed copy of the loan agreement.				
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the are accurate as stated above. 	terms of the loan and other inform	nation regarding the extension of the loan		
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for				
similar extensions of credit to other borrowers of the requirement that complied with the requirements set forth at 11	a loan must be made on a basis	which assures repayment, and has		
AUTHORIZED REPRESENTATIVE	The state of the s	DATE		
Typed Name		MIM / DIO / VIVIVI		
Signature	itle	 		
		1		

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CHEDULE D (FEC Form 3)		(Use separate	PAGE 9 OF 10
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	10
NAME OF COMMITTEE (In Full)			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of E	Debt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			·····
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of [Debt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Perio
(3)			(9)
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of I	Debt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period		<u>_</u>	
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Perio
			<u> </u>
			
1) SUBTOTALS This Period This Page (optional)		-	
2) TOTALS This Period (last page this line number	only)		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	> <u>L</u>	<u></u>
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	only)	

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name	e of Principal Campaign	Committee (In Full)	Report Cover From:	ing Period:	To: 0.77 3.0	2016
1	Rey F.Ra	Committee MMELL of D	Name Name Wyomii	ng	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A				580000	\$	
вс	olumn Total Last Page O	only				,
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
А	ϕ	20000	5710 00	Ø.	Ø	Ø
В	1		*			7
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
А	A	Ø.	Ø	5710 00	2917.∞	Ø
В		F				
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
Α	g	Ø	Ø	8	Ø	Ø
В						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
Α	Ø	Ø	2917	880 -	3673 -	B
В					·v·	•//
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
Α	Á	591000	2917 500			
В	<i>(</i> '	·.				

2016 AUG 23 MM 8: 20

.S. House of Representatives Washington, ILC 20515-6601 Office of the Clerk

Official Business

Federal Election Commission 999 E Street, NW Washington, DC 20463 pholadrophabildiobildining highland

2016-08-25-03-00096041

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate	how it was received.
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	:
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
PREPARER ()	8123116 DATE PREPARED

(3/2015)